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## 1 Purpose

- 1.1 To establish a standard procedure for measuring the lighting intensity on the work surface of Class II Biohazard Cabinets.
- 2 Scope
  - 2.1 This procedure applies to Class II Biohazard Cabinets.
- 3 Reference
  - 3.1 NSF Standard 49, 2002.
- 4 Definition
  - 4.1 None
- 5 Responsibility
  - 5.1 Test and Balance (TAB) technicians shall record all test measurements on Form FN 8.057.3 (Biohazard Safety Cabinet Test Report Details II) in the Lighting Intensity Test section and indicate the test result, Pass or Fail, on Form FN 8.057.1 (Biohazard Safety Cabinet Test Report Summary Sheet).
  - 5.2 All test reports shall be saved in files, located in the TAB department of Therma.
  - 5.3 All test equipment utilized shall be in calibration in accordance with National Environmental Balancing Bureau (NEBB) Standards and traceable to the National Institute of Standards and Technology (NIST).
- 6 Materials Requirement
  - 6.1 Supplemental Light Source
- 7 Test Equipment
  - 7.1 Portable Photoelectric Illumination Meter that meets the criteria specified in NSF 49, Annex F, Section F.9, Subsection F.9.2

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- 8 Procedures
  - 8.1 Refer to NSF 49, Annex F, Section F.9, Subsection F.9.3 for procedure.
  - 8.2 Refer to NSF 49, Annex F, Section F.9, Subsection F.9.4 for standards of acceptance.
  - 8.3 If background light levels are below specified levels, use supplemental light source to bring it within specified levels.
  - 8.4 Record measurements on the Form FN 8.057.3 (Biological Safety Cabinet Test Report Detail II) in the Lighting Intensity Test section.
  - 8.5 TAB technicians shall indicate Pass or Fail for the lighting intensity test, on Form FN 8.057.1 (Biohazard Safety Cabinet Test Report Summary Sheet).
- 9 Review and Approval
  - 9.1 TAB technicians shall return the Form FN 8.057.1 (Biohazard Safety Cabinet Test Report Summary Sheet) and the Form FN 8.057.3 (Biohazard Safety Cabinet Test Report Details II) to the TAB Department for review.

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**Document Approval** 

Test and Balance Supervisor

Engineering Manager

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**Quality Assurance Manager** 

 $\frac{10/01/03}{\text{Date}}$ 

11-15-03

Date

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